

**GENERAL ASSEMBLY OF NORTH CAROLINA**  
**SESSION 2015**

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**HOUSE RESOLUTION 83**

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Sponsors: Representatives Cunningham, Horn, Earle, and Whitmire (Primary Sponsors).  
*For a complete list of Sponsors, refer to the North Carolina General Assembly Web Site.*

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Referred to: Rules, Calendar, and Operations of the House.

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February 16, 2015

1 A HOUSE RESOLUTION AUTHORIZING THE LEGISLATIVE RESEARCH  
2 COMMISSION TO EXAMINE WAYS TO PREVENT SUICIDE AMONG MINORS  
3 AND VETERANS IN NORTH CAROLINA.

4 Whereas, suicidal behavior is a serious and persistent public health problem with  
5 devastating effects on victims, families, and communities; and

6 Whereas, suicide resulted in more years of potential life lost than other common  
7 causes of early death in North Carolina, including homicide, congenital abnormalities,  
8 cerebrovascular disease, human immunodeficiency virus (HIV), and diabetes mellitus; and

9 Whereas, hospitalization charges for self-inflicted injuries in North Carolina totaled  
10 three hundred fifteen million dollars (\$315,000,000) from 2004 to 2008; and

11 Whereas, suicidal behavior in youth and young adults (ages 10 to 24 years) is a  
12 significant concern because this age group has the highest rates of self-inflicted injury requiring  
13 hospitalization or a visit to the emergency department; and

14 Whereas, suicide is the third leading cause of death among youth in North Carolina;  
15 and

16 Whereas, according to a national study, veterans also face an elevated risk of suicide  
17 as compared to the general population; and

18 Whereas, a total of 1,148 North Carolina veterans died from suicide during the time  
19 period from 2004 to 2008, resulting in a veteran suicide rate (29.6 per 100,000) twice the  
20 overall suicide rate in North Carolina (14.0 per 100,000); and

21 Whereas, research continues on how the effects of wartime service and injuries,  
22 such as traumatic brain injury, post-traumatic stress disorder, or other service-related  
23 conditions, may increase the number of veterans who attempt suicide; and

24 Whereas, as more men and women separate from the military and transition back  
25 into civilian life, community mental health providers will become a vital resource to help these  
26 veterans and their families deal with issues that may arise; and

27 Whereas, approximately ninety percent (90%) of people who die by suicide had a  
28 diagnosable psychiatric disorder at the time of death, such as depression; and

29 Whereas, most suicide victims exhibit warning signs or behaviors prior to an  
30 attempt; and

31 Whereas, suicide risk factors cut across multiple disciplines – psychological,  
32 biological, and social – suggesting that successful prevention efforts must reflect collaborative  
33 efforts across a broad spectrum of agencies, institutions, schools, and community-based  
34 organizations; and



1           Whereas, adults that are regularly in contact with people at risk for suicide need to  
2 be trained in order to be able to recognize factors that may indicate thoughts of suicide; and

3           Whereas, due to the strong association between suicidal behavior and mental illness,  
4 substance abuse, or both, in all age groups, prevention and treatment services for mental illness  
5 and substance abuse must be available when and where people need them; and

6           Whereas, despite the increased recognition that suicide is a public health problem,  
7 studies indicate that adults who are regularly in contact with people at risk for suicide are not  
8 adequately trained to recognize factors that may indicate thoughts of suicide, and that many  
9 health care providers are not adequately trained to provide proper assessment, treatment, or  
10 referrals; and

11           Whereas, improved training and education in suicide assessment, treatment, and  
12 management have been recommended by a variety of organizations, including the United States  
13 Department of Health and Human Services and the Institute of Medicine; Now, therefore,  
14 Be it resolved by the House of Representatives:

15           **SECTION 1.** It is the intent of the General Assembly to prevent as many suicides  
16 in this State as possible, particularly among minors and veterans, by enacting legislation (i)  
17 requiring health care providers to complete training in best practices for suicide assessment,  
18 treatment, and management as part of their continuing education requirements and (ii)  
19 implementing training in best practices for other adults who are regularly in contact with people  
20 at risk for suicide to recognize factors that may indicate thoughts of suicide. It is not the intent  
21 of the General Assembly to expand or limit the existing scope of practice of any health care  
22 providers that complete this type of training.

23           **SECTION 2.** The Legislative Research Commission is authorized to study the role  
24 of health care providers and other key gatekeepers in suicide prevention, particularly among  
25 minors and veterans. The study shall include an examination of at least all of the following:

- 26           (1) The effect of evidence-based suicide assessment, treatment, and  
27 management training on the ability of a licensed health care provider to  
28 identify, refer, treat, and manage patients with suicidal ideation. In  
29 conducting this examination, the Commission shall, at a minimum:
- 30           a. Review available research and literature regarding (i) best practices  
31 in assessing, treating, and managing patients with suicidal ideation  
32 and (ii) the relationship between completion of training in these best  
33 practices and patient suicide rates.
  - 34           b. Assess which licensed health care providers are best situated to  
35 positively influence the mental health behavior of individuals with  
36 suicidal ideation.
  - 37           c. Evaluate the impact of suicide assessment, treatment, and  
38 management training on veterans with suicidal ideation.
  - 39           d. Review curricula of health care profession programs offered at the  
40 State institutions of higher education regarding suicide prevention.
- 41           (2) The categories of licensed health care providers in this State that should be  
42 required to complete training in suicide assessment, treatment, and  
43 management as part of their continuing education requirements.
- 44           (3) For each category of health care providers identified pursuant to subdivision  
45 (1)b. of this section, (i) the minimum number of required hours and the  
46 specific elements of any suicide prevention training the Department  
47 determines would be beneficial and (ii) any recommended exemptions from  
48 the proposed minimum training requirements.
- 49           (4) The feasibility and effectiveness of providing training to school personnel,  
50 clergy, and law enforcement personnel on how to recognize at-risk behavior  
51 and how to make appropriate referrals for treatment.

- 1           (5)    Methods for credentialing and identifying, through a badge or other form of  
2           identification, all persons trained in recognizing at-risk behavior and how to  
3           make appropriate referrals for treatment.
- 4           (6)    Methods for ensuring that nonidentifying information derived from suicide  
5           investigations is shared for statistical, research, and other purposes  
6           consistent with State and federal confidentiality laws with relevant  
7           stakeholders, including health care providers; law enforcement officers;  
8           community-based organizations that provide mental health services to  
9           individuals with suicidal ideation; State agencies, including the Department  
10          of Health and Human Services; and the Child Fatality Task Force.
- 11          (7)    Any other issues the Commission deems necessary to complete its report.
- 12          **SECTION 3.** The Legislative Research Commission may make an interim report to  
13          the 2015 General Assembly when it reconvenes in 2016 and shall make its final report to the  
14          2017 General Assembly when it convenes.
- 15          **SECTION 4.** This resolution is effective upon ratification.